

Name
in
Full

John Ellsworth Best

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County					
Died at Gaithersburg	Montgomery					
Date of death 1906	Month August	Day 12	Age	Years	Months	Days
Sex Male	Color or Race White	Birth-place Gaithersburg				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name Ellsworth Best	Father's Birthplace Va					
Mother's Maiden Name Mary Pierce	Mother's Birthplace Md					
Name of person giving Information George Pierce	How related to deceased Grand Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Exhaustion

151

How long

5 days

Immediate

11

How long

5 hrs.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. L. Ellsworth
Gaithersburg, Md

Accident or Suicide?



Name
in
Full

Rosevel Billows

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Singleton H. Billows		Father's Birthplace	Montgomery Co., Md.		
Mother's Maiden Name	Sarah A. Awkward		Mother's Birthplace	Montgomery Co., Md.		
Name of person giving Information	Singleton H. Billows		How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Barasuee

179

How long

about 7 months

How long

Immediate

Hot Weather

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Chas. Ferguson, M.D.

Olney, Md.

Accident or Suicide?



Name
in
Full

Boose

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died near <u>Olney</u>		Town	County <u>Montgomery</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Aug.</u>	Day <u>2nd</u>	Years <u>—</u>	Months <u>—</u>	Days <u>Seven</u>	
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Montg. Co. Md.</u>				
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name or Wife or Husband <u>—</u>					
Father's Name <u>Illegitimate</u>	Father's Birthplace <u>—</u>					
Mother's Maiden Name <u>Eliza Boose</u>	Mother's Birthplace <u>Montg. Co. Md.</u>					
Name of person giving Information <u>James Boose</u>	How related to deceased <u>Grandfather</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

M�rasmus

11

How long

Seven days

Immediate

Convulsions

How long

About 12 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Elas. Forquhar

Address

Olney

Md.

Accident or Suicide?



Name
in
Full

Catharine Louisa Brogden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Oakdale		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1906	Aug.	16	Age 96	—	—
Sex	Female	Color or Race	Colored	Birth-place	Montgomery Co Md
Occupation	Housewife.				
Married, Single or Widowed	Widow	Name of Husband	J. Osborn Brogden		
Father's Name	Lewis Sampson				
Mother's Maiden Name	Harriet Sampson				
Name of person giving Information	Annie Pumphrey				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senility	
Immediate	Pneumonia	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		

(93)

How long

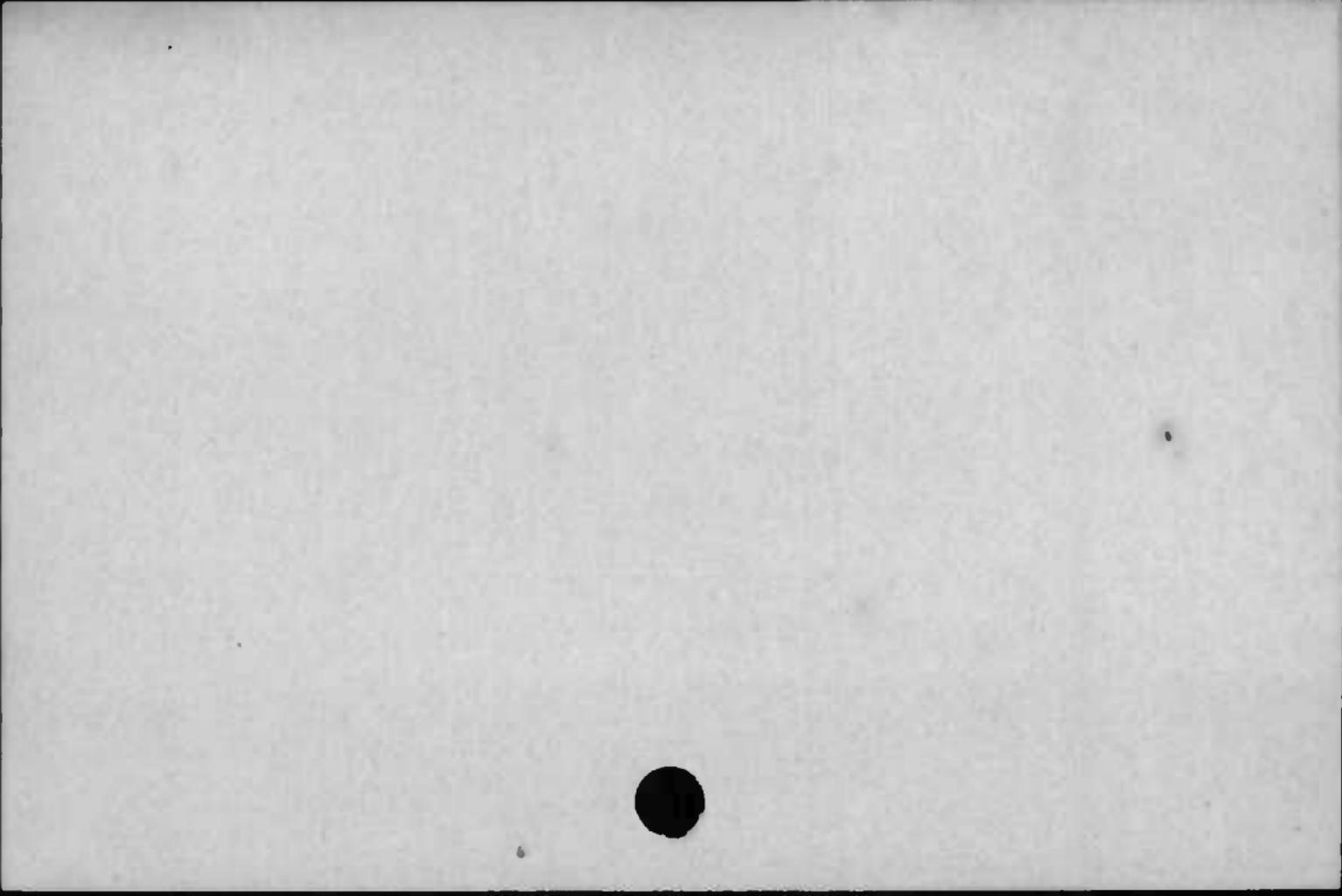
How long

About 3 days

Chas. Farquhar.

Olney.

Md.



Name
in
Full

George W. Burdette

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Burmanstown</u>		Town	County <u>Montgomery</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>8</u>	Day <u>22</u>	Age <u>0</u>	Years <u>0</u>	Months <u>9</u>	Days <u>13</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Occupation		Birth-place <u>Burmanstown</u>		
Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>John W. Burdette</u>				Father's Birthplace <u>2nd</u>		
Mother's Maiden Name <u>Maggie M. King</u>				Mother's Birthplace <u>3rd</u>		
Name of person giving Information <u>Maggie Burdette</u>				How related to deceased	<u>Mother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cholera Infantum

(105)

How long

5 days

Immediate

Exhaustion

How long
1 day

Are the name, age, sex, color, date and place correctly given above?

yes

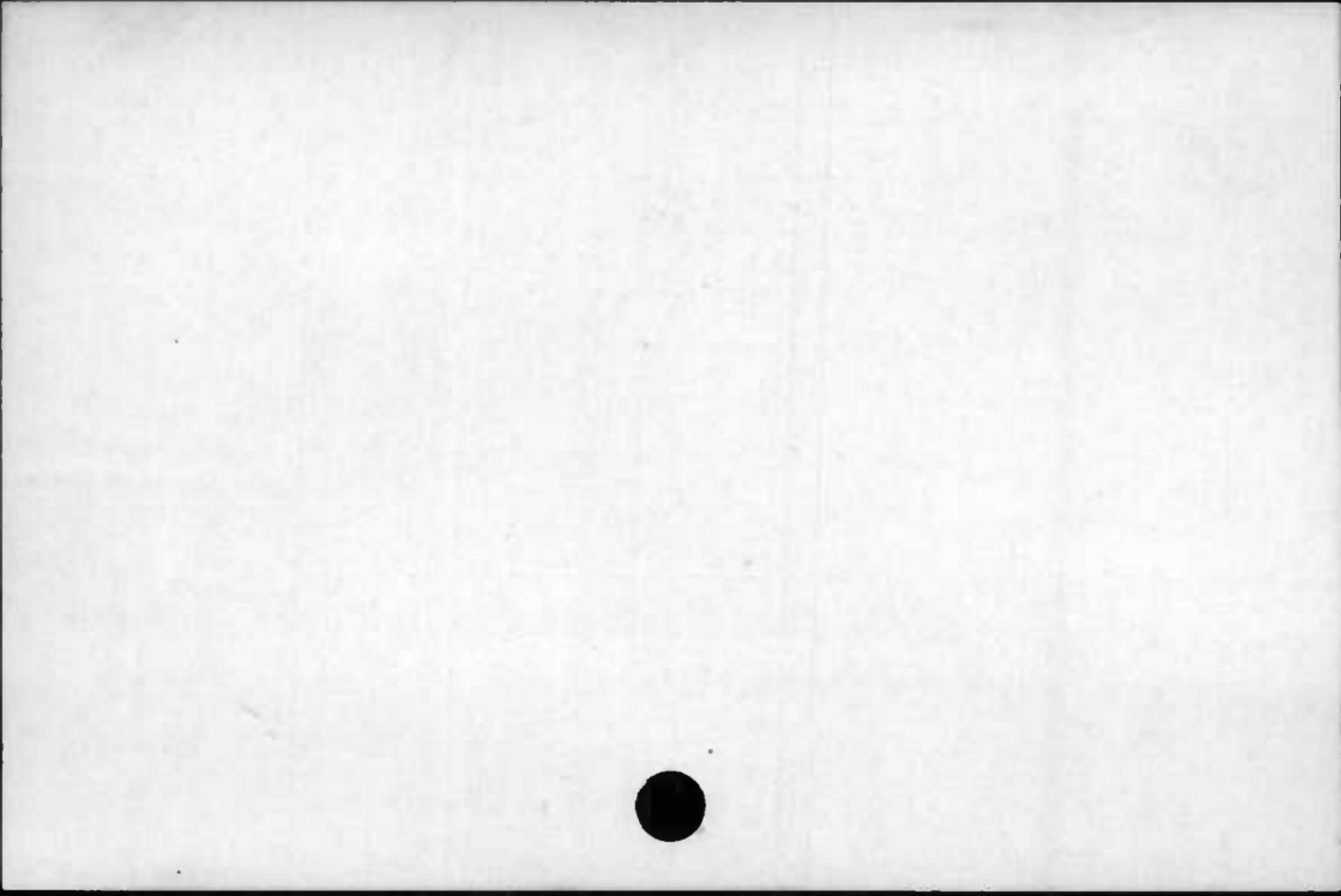
Signature of Physician

Wm A. Waters

Address

Burmanstown
Md

Accident or Suicide?



Name
in
Full

Lucia E. Bushby

CERTIFICATE OF DEATH

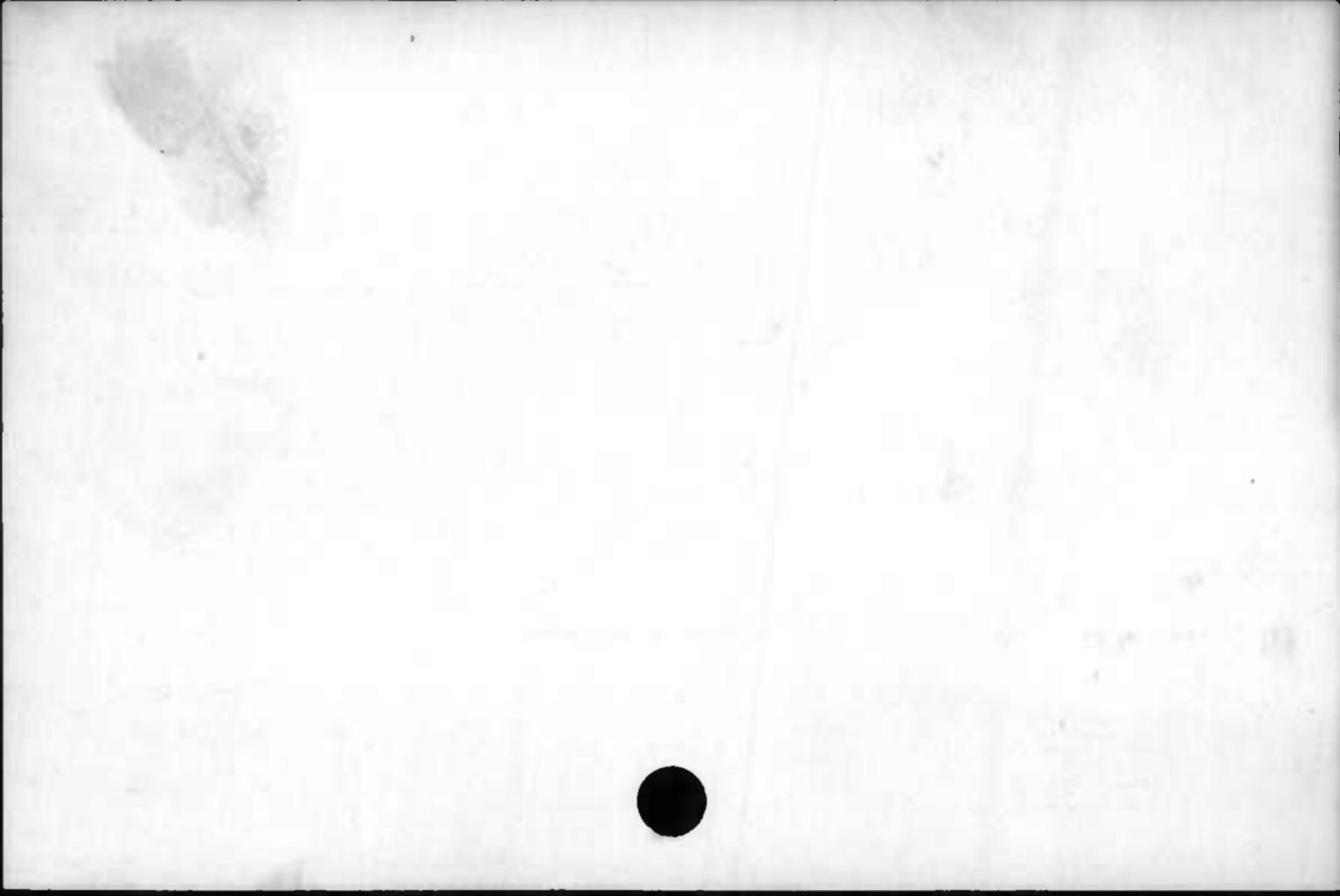
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Years	Months	Days	
1906	aug	28	Age	71	
Sex	female	Color or Race	white	Birth-place	Alexandria, Va
Occupation	Housewife		Where Residing if not at place of death	1137 - 10 St. NW, Wash. DC.	
Married, Single or Widowed	married	Name of Wife or Husband	William Bushby		
Father's Name	Bartholomew Delphy		Father's Birthplace	Wash. D.C.	
Mother's Maiden Name	Sarah Brooks		Mother's Birthplace	Virginia	
Name of person giving Information	Frank H. Bushby		How related to deceased	son	

CAUSES OF DEATH

Primary	Atherosclerosis Myocarditis		How long	5 Weeks
Immediate	Exhaustion		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	E. C. Melanson
			Address	Harrisburg, Pa
Accident or Suicide?				

PHYSICIAN
OR CORONER



Name
in
Full

James Clark.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Poolesville	County Montgomery	MARYLAND	
Date of death	Month Aug	Day Thurs 30	Years Age 78	Months —
Sex Male	Color or Race Negro	Birth- place Talbot Co		
Occupation Gardner & farm work	Where Residing if not at place of death Jerusalem			
Married, Single or Widowed Married	Name of Wife or Husband Leanna Clarker. (Wife)			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving Information N.E. Clarker	How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Organic heart disease

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

B.W. Wallace
Poolesville, Md.

Accident or Suicide?



Edward Crossman

Town

County

Died at

Brookville Montgomery

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1802	Aug.	23	Age	118	—	Frederick Co	Laborer
Male	White	Married	Widow	Divorced			—
Female	Colored	Single	Widower	Number of children living			—

Husband of —

Wife

Father's —

Name

Mother

Name

Cause of Primary *Pulmonary Tuberculosis About 1 year* How long sickDeath Immediate *Hemorrhage from the lungs* Accident, Suicide, HomicideReported by *Dr. W. F. Green,*Address *Brookville,**Pa. d.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Pearle Copeland

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Damascus	County		MARYLAND	
Date of death	1906	Month 8	Day 10	Years	Months	Days
Age	1				5	
Sex	Male	Color or Race	Black	Birth-place	Damascus	
Occupation		Where Residing If not at place of death				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	Pearl Copeland			Father's Birthplace	Don't Know	
Mother's Maiden Name	Unknown			Mother's Birthplace	Don't Know	
Name of person giving information	Pearl Copeland			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Meningitis

(61)

How long

3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

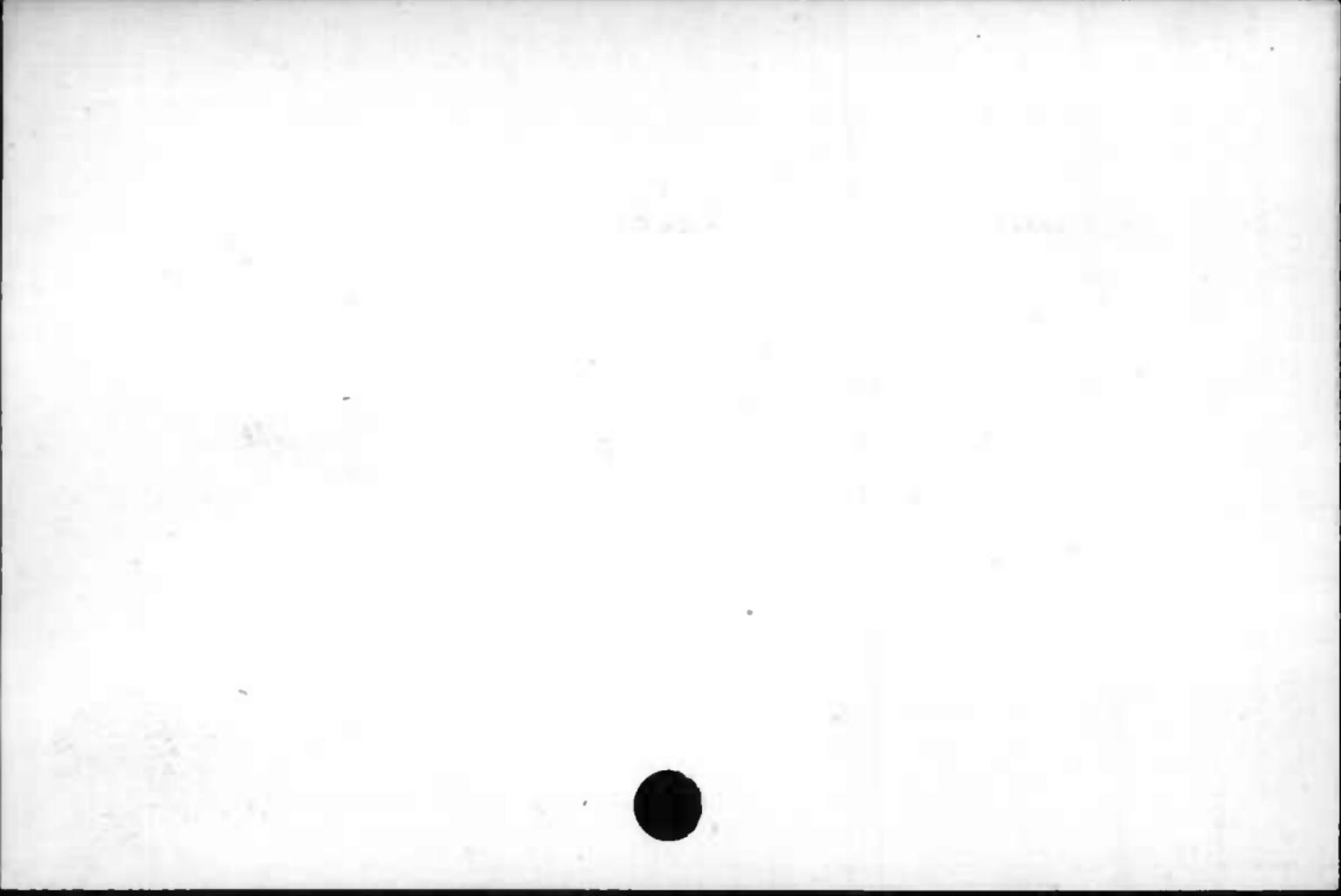
Yes

Signature of Physician

Address

Berry F. Lansdale

Accident or Suicide?



Name
in
Full

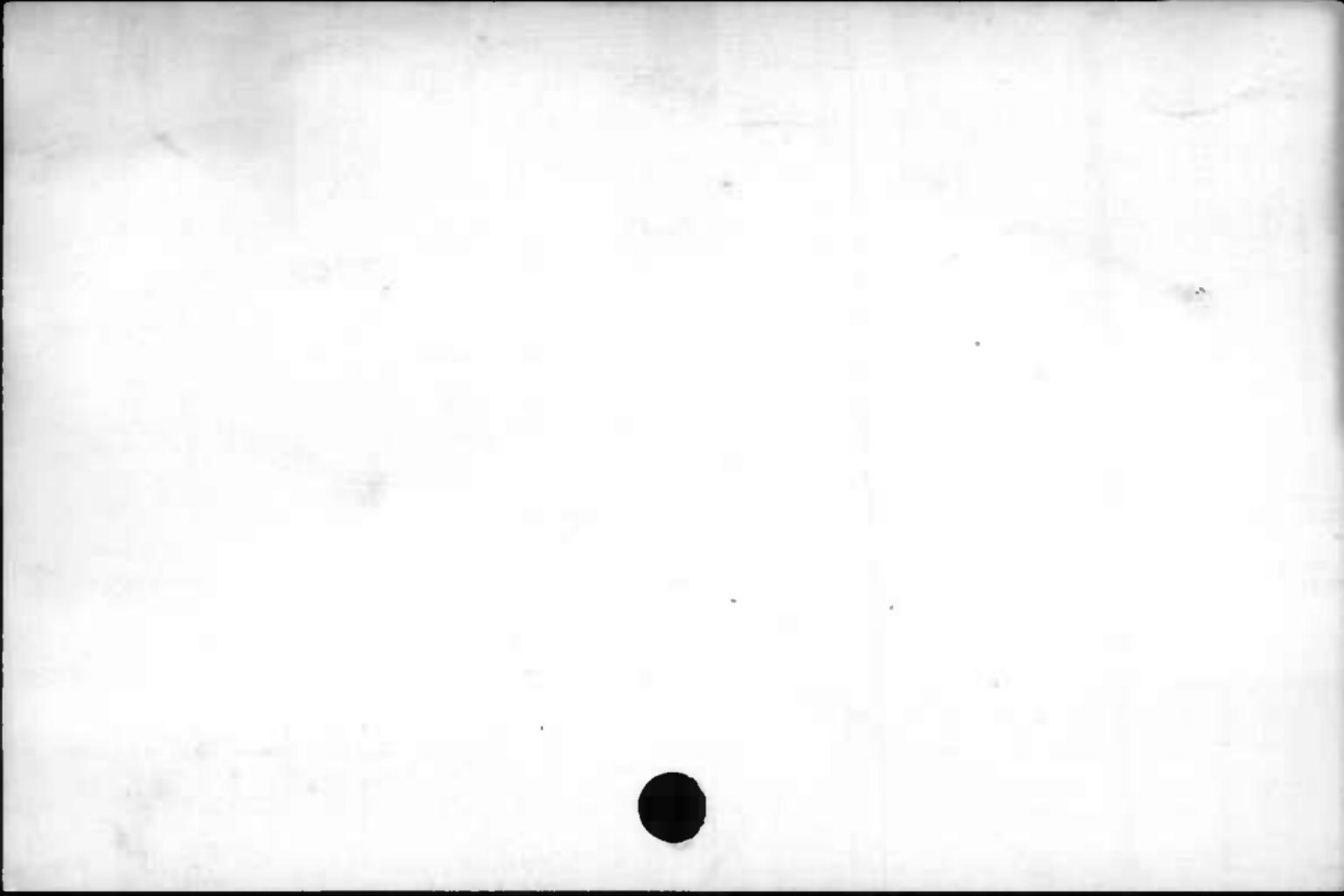
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<h1>Mrs Mannie Day</h1>					CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND	
Died at		Damascus	Mont-			
Date of death	Month	Day	Years	Months	Days	
1906	8	18	Age			
Sex	Female	Color or Race	White	Birth- place	Montgomery Co	
Occupation	House Wife	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	James E. Day	Father's Birthplace	Mont Co	
Father's Name	William A. Mullinix			Mother's Birthplace	Mont Co	
Mother's Maiden Name	Elizabeth Bowman			How related to deceased	Son	
Name of person giving Information	Robert Day					

CAUSES OF DEATH

Primary	Unknown	14	How long	30 days
Immediate	Dysentery		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Benj. F. Lansdale	
		Address	Damascus	
Accident or Suicide?			Marie	



Name
in
Full

L. J. Duffin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex		Male	Color or Race	Colored	Birth-place	
Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Single	Name of Wife or Husband	—		
Father's Name		Charles Duffin			Father's Birthplace	
Mother's Maiden Name		Annie Johnson			Mother's Birthplace	
Name of person giving information		Charles Duffin			How related to deceased	

CAUSES OF DEATH

Primary

Enteric Colitis

105

How long

One week

Immediate

Exhaustion

How long

Two days

Are the name, age, sex, color, date and place correctly given above?

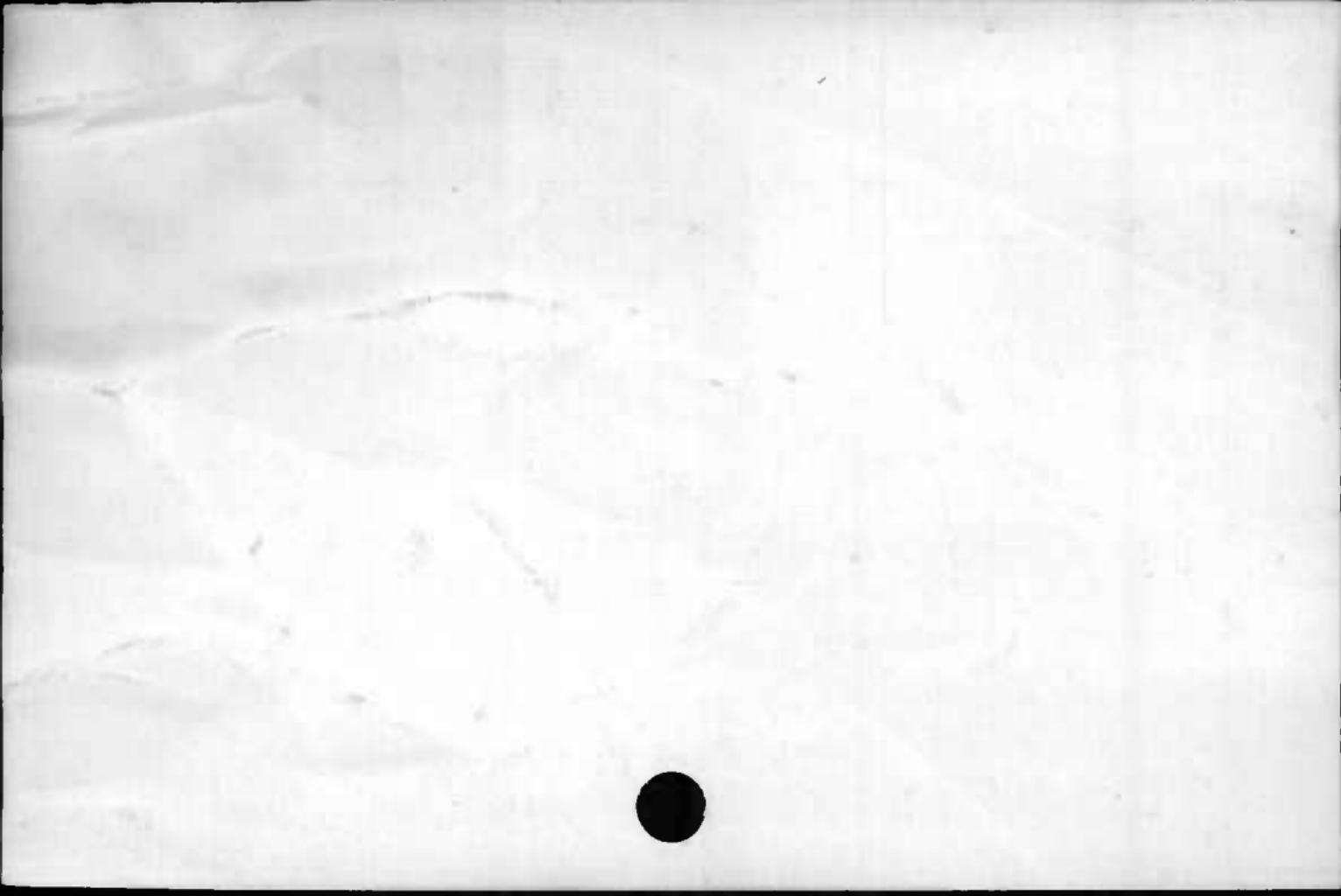
Yes

Signature of Physician

Address

Edward Anderson M.D.
Rockville, Md.

Accident or Suicide?



George Graham Dunn

Town

County

Died at

Drummond

MARYLAND

Month

Day

Y.

M.

D.

Native of

Montgomery

Date

1906.

August 24th

Age

Married

17 days

Widow

Occupation

None

Male

White

Age

Female

Colored

Single

Widower

Divorced

Number of children living

Husband

of

Wife

Father's

Name

Charles A. Dunn

Mother's

Name

May Dunn

Cause of

Primary

Gastric enteritis Septic

How long sick

10 days

Death

Immediate

Exhaustion

105

Accident, Suicide, Homicide

Reported by

Charles Kowaleski

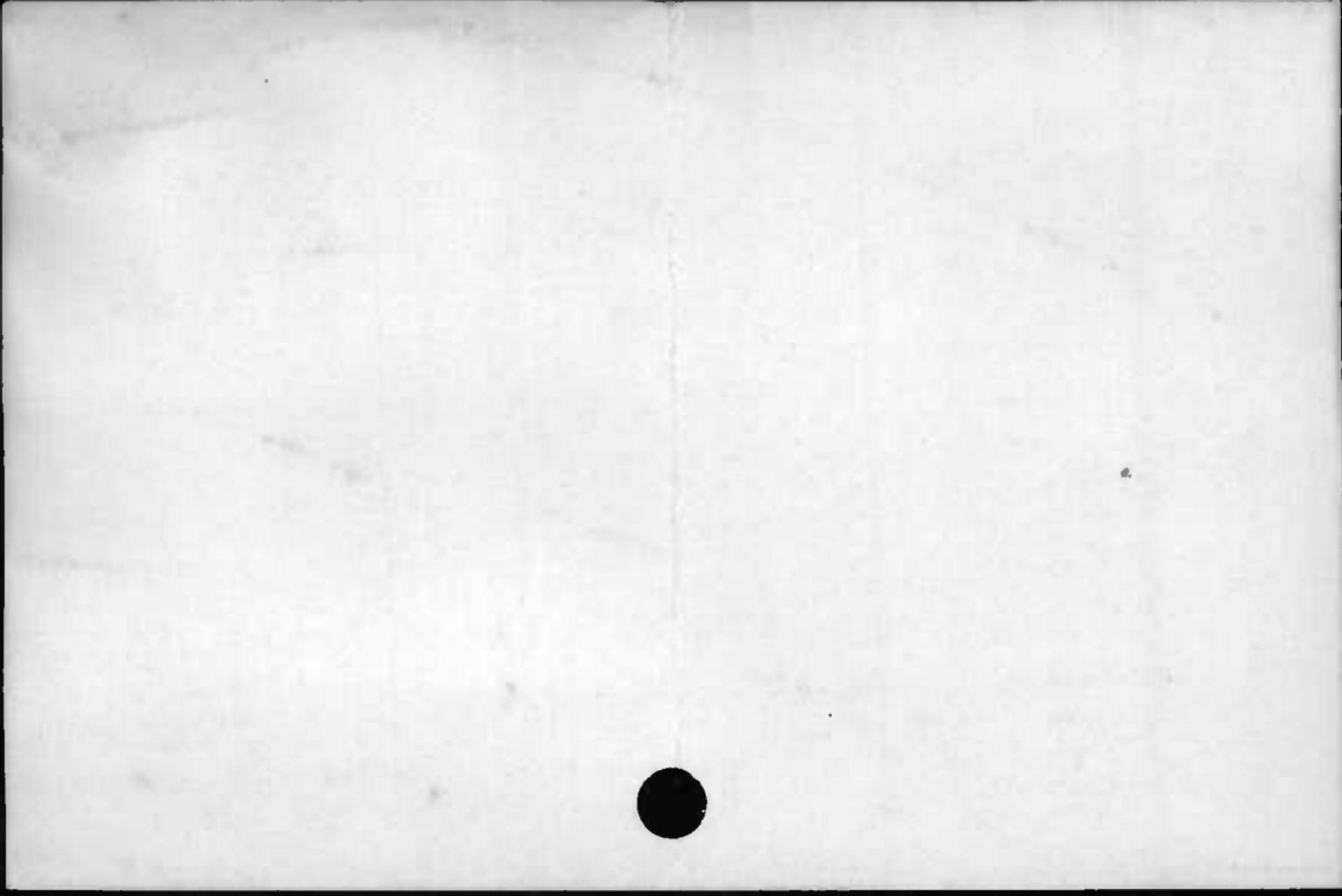
Address

600 M St

Washington D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name

in
Full

Ella M. Fox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>near Rockville</u>			County <u>Montgomery</u>		
Date of death <u>1906</u>	Month <u>8</u>	Day <u>6</u>	Age <u>62</u>	Years <u>9</u>	Months <u>9</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Boston, Mass.</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Charles Fox</u>		Father's Birthplace <u>Boston, Mass.</u>		
Father's Name <u>Machiel Gray</u>	Mother's Birthplace <u>Boston, Mass.</u>				
Mother's Maiden Name <u>Mary Ella Boyler</u>	How related to deceased <u>Husband</u>				
Name of person giving information <u>Charles Fox</u>					

CAUSES OF DEATH

Primary

Cancer of the womb

42

How long

Two years

Immediate

Hemorrhage

How long

One day

Are the name, age, sex, color, date and place correctly given above?

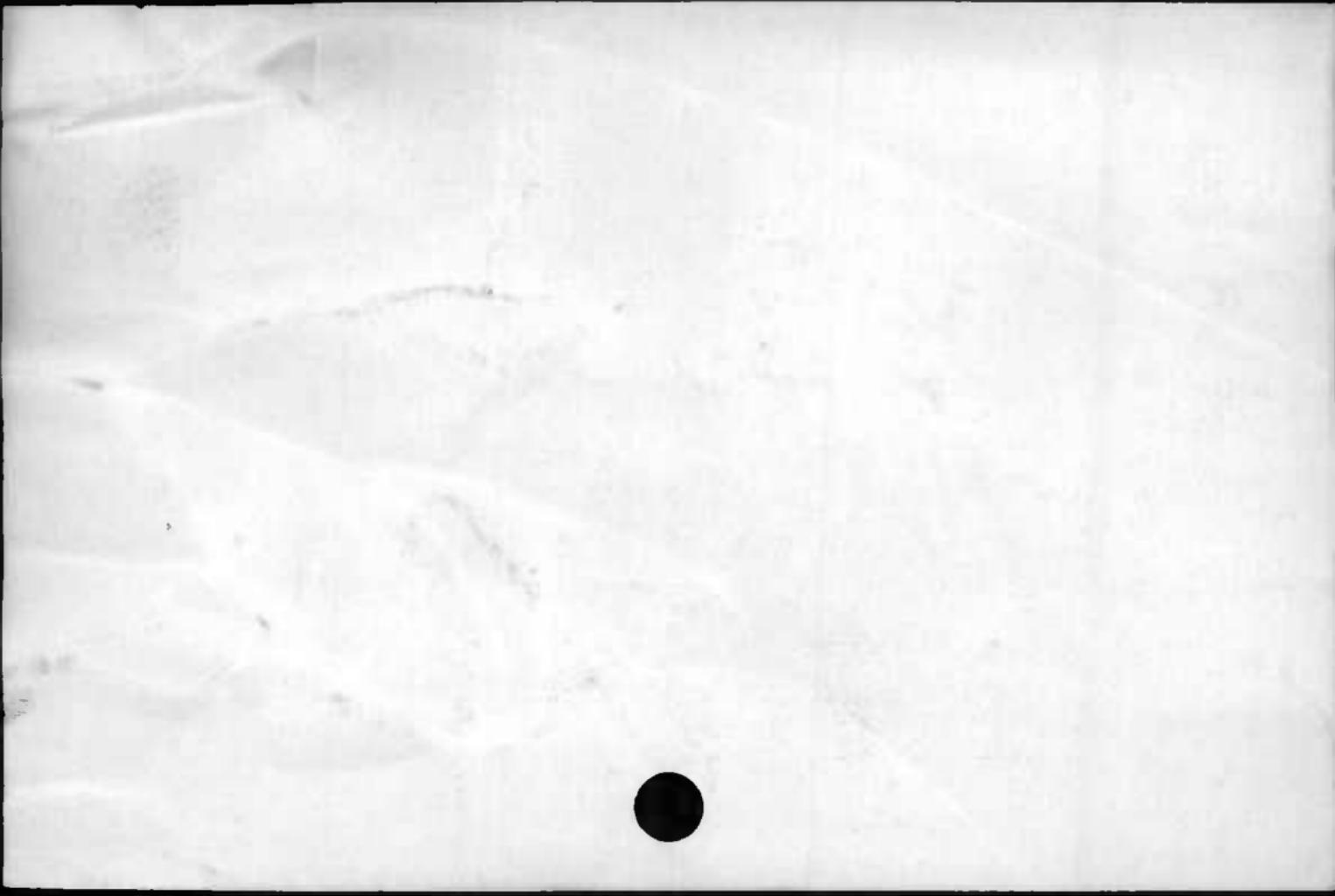
Yes

Signature of Physician

Address

Edward Anderson M.D.
Rockville, Md.

Accident or Suicide?



Name
in
Full

Grover Cleveland Gardell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	County		MARYLAND		
Unity	Montgomery				
Date of death	Month	Day	Years	Month	Days
1906	Aug	1	21		14
Sex	Color or Race	Birth-place			
Male	White	Unity			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	Father's Birthplace				
Frank M Gardell	Unity				
Mother's Maiden Name	Mother's Birthplace				
Margaret J Townsend	Brookville				
Name of person giving information	How related to deceased				
Hugh C Townsend	None				

CAUSES OF DEATH

Primary

Rheumatic Disease

How long

4 Months

Immediate

Tubercular meningitis

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

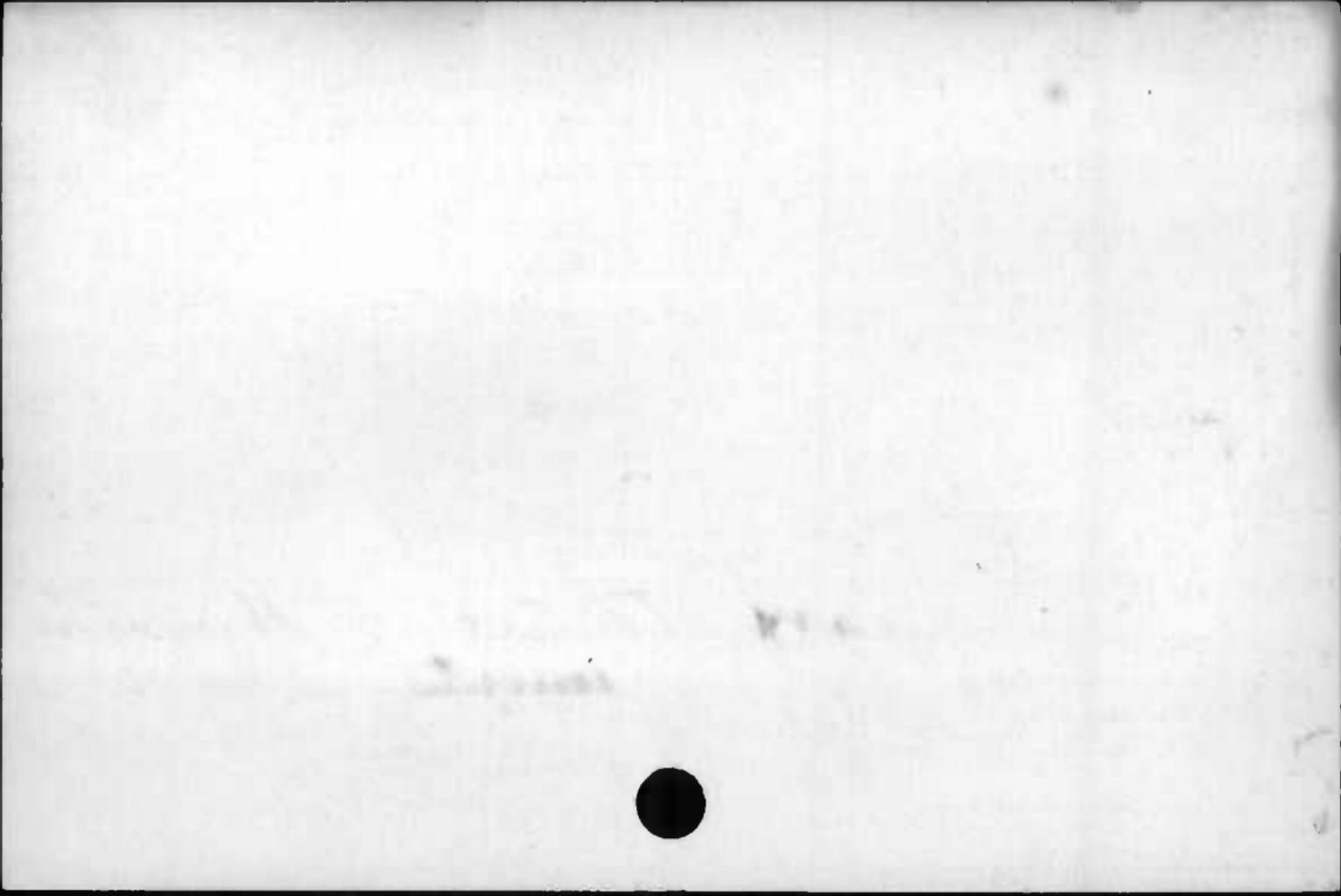
Signature of Physician

H. G. Skinner

Address

Unity

Accident or Suicide?



Name
in
Full

Lancarella Graham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Martinsburg</u>		County <u>Montgomery</u>		MARYLAND		
Date of death <u>1906 August</u>	Month <u>August</u>	Day <u>18</u>	Age <u>1</u>	Years	Months <u>5</u>	Days
Sex <u>female</u>	Color or Race <u>negro</u>	Birth-place <u>Martinsburg</u>				
Occupation <u>—</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		Father's Birthplace			
Father's Name <u>—</u>	Mother's Birthplace <u>—</u>		Mother's Birthplace <u>Martinsburg</u>			
Mother's Maiden Name <u>Lizzie Graham</u>	Name of person giving information <u>Lewis Brooks</u>		How related to deceased <u>none</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cold

How long

1 week

Immediate

Are the name, age, sex, color, date and place correctly given above?

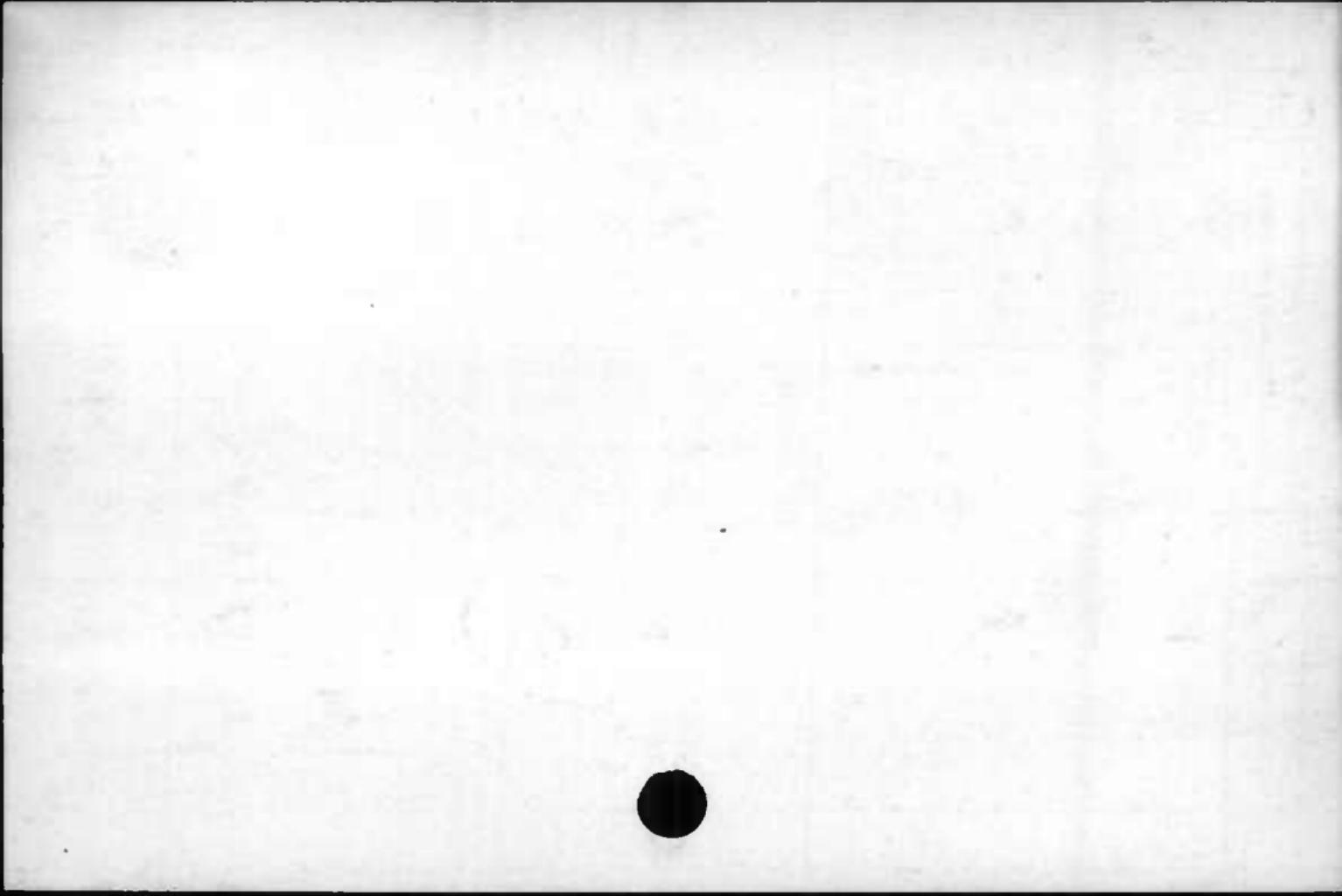
yes

Signature of Physician

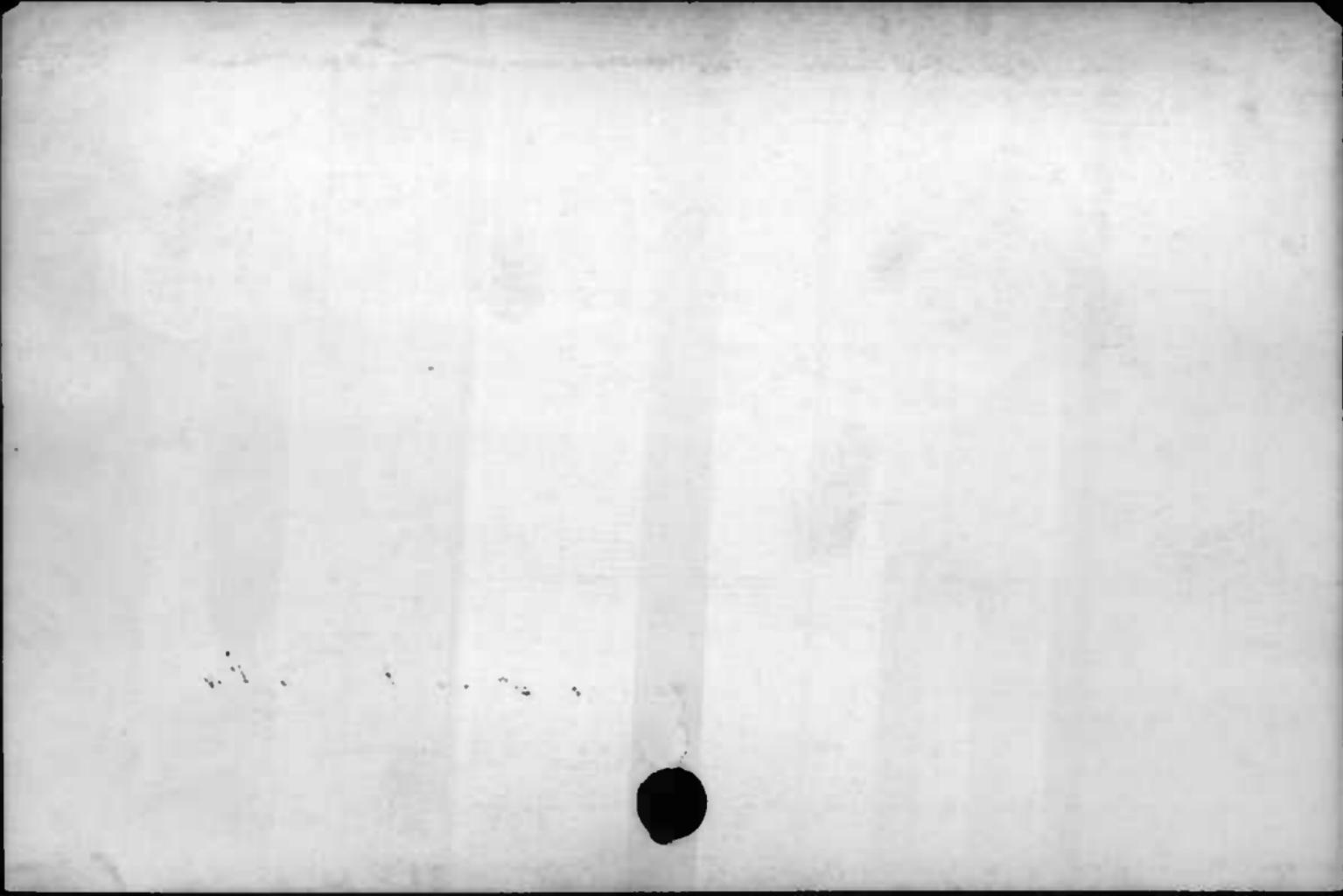
K. B. Scott sub-reg
Bolivar
Md

Address

Accident or Suicide?



CERTIFICATE OF DEATH							
Died at <u>near Laytonsville</u>		Town	County		MARYLAND		
Date of death <u>1906</u>	Month <u>Aug</u>	Day <u>27</u>	Age <u>2</u>	Years	Months <u>2</u>	Days <u>6</u>	
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Montgomery Co</u>					
Occupation <u>-</u>	Where Residing if not at place of death <u>-</u>						
Married, Single or Widowed <u>-</u>	Name of Wife or Husband <u>-</u>						
Father's Name <u>Lewis J Gray</u>	Father's Birthplace <u>Loudon Co. Va</u>						
Mother's Maiden Name <u>Nellie E Evelyn</u>	Mother's Birthplace <u>Montgomery Co</u>						
Name of person giving information <u>Lewis J Gray</u>	How related to deceased <u>Father</u>						
CAUSES OF DEATH							
Primary	<u>Gastric Enteritis</u>						
Immediate	<u>General Exhaustion</u>						
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>W H Dyeow M.D.</u>				
		Address	<u>Laytonsville Md</u>				
Accident or Suicide?							



Name
in
Full

Anna Rosa Gray

CERTIFICATE OF DEATH

To BE ANSWERED BY .

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Montgomery Co. Md.
Occupation	Child	Where Residing if not at place of death			X
Married, Single or Widowed	Single	Name of Wife or Husband	X		
Father's Name	Louis J. Gray	Father's Birthplace			7a
Mother's Maiden Name	Mary E. Evelyn	Mother's Birthplace			Montgomery Co. Md.
Name of person giving information	Mary E. Evelyn	How related to deceased			Mother

CAUSES OF DEATH

Primary

Cholera Infantum

How long

24 days

105

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes

Address

H. J. Peatt
Potowmack

Accident or Suicide?

X
Md.

PHYSICIAN
OR CORONER



Name
in
Full

Edward Wm Hanshew.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1906	Month 8	Day 2	Years 1	Months 3	Days 5	
Sex	Male	Color or Race	White		Birth-place	W.C.	
Occupation			Where Residing if not at place of death		Washington, D.C.		
Married, Single or Widowed	—	Name of Wife or Husband			Father's Birthplace	W.C.	
Father's Name	Edward W. Hanshew				Mother's Birthplace	D.C.	
Mother's Maiden Name	Kata Calista Berwae				How related to deceased	Mother	
Name of person giving information	Mrs. Hanshew.						

CAUSES OF DEATH

Primary

Dentition.

105

How long

3 Weeks.

Immediate

Enterocolitis

How long

three weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

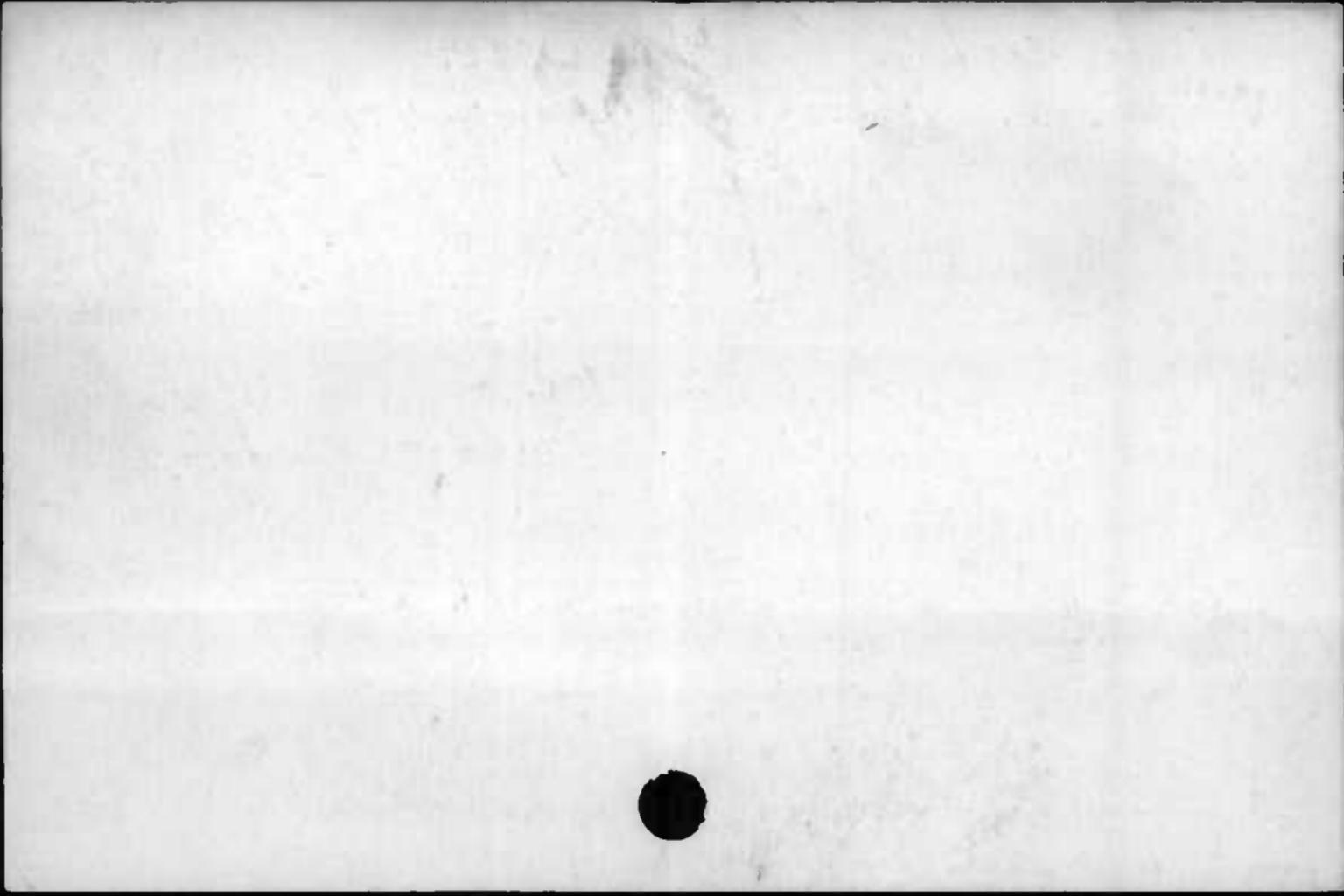
J. A. Simons

Address

Germandown.

Accident or Suicide?

Med



Name
in
Full

Dr. James McKendree Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death 1906	Month	Day	Age 56	Years	Months
Sex	Male	Color or Race	white	Birth- place	Bellsville Ill.
Married, Single or Widowed	Occupation		Physician		
Name of Wife or Husband	Evelyn J.				
Father's Name	Mrs M. Harrison		Father's Birthplace	N. Carolina	
Mother's Maiden Name	Jane J. Granger		Mother's Birthplace	Conn.	
Name of person giving Information	Mrs Robt E. Cook.		How related to deceased	Friend	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic interstitial Nephritis

64

How long

years

Immediate

Cerebral apoplexy

24 hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

George E. Lewis M.D.
Rockville, Md.

Accident or Suicide?

u



Name
in
Full

Annie E. Hood

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	William a. Hood			
Father's Name	Jacob Peetis				
Mother's Maiden Name	Annie Peetis				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute indigestion

How long

4 days

Immediate

Peritonitis

How long

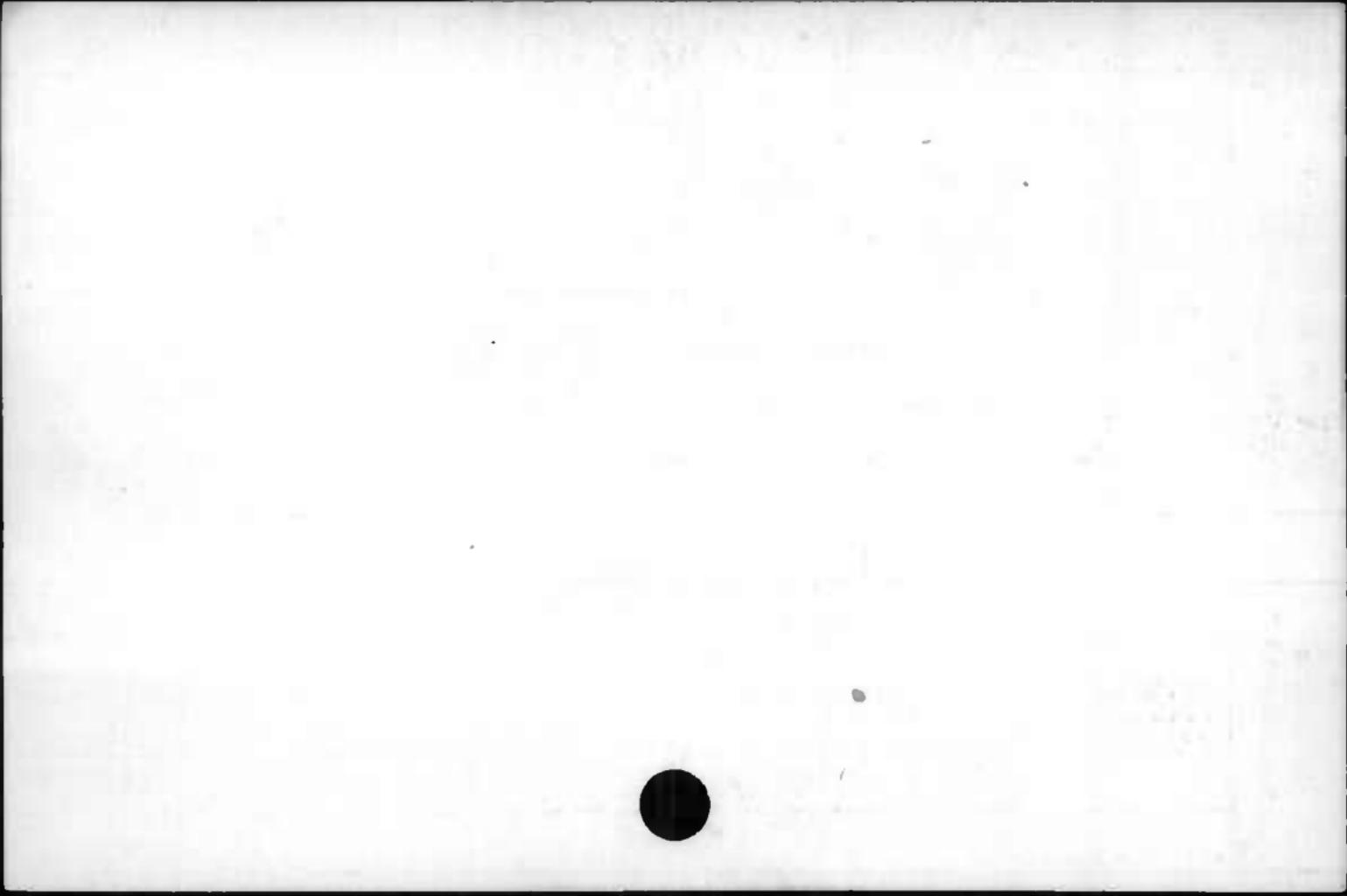
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. W. Walling
Doverville, Md.

Accident or Suicide?



Raphael J. Garboe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Year	Months	Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife <u>Husband</u>	Ellen Garboe		
Father's Name	Samuel Garboe			
Mother's Maiden Name				
Name of person giving Information	H. A. Waters - Friend			

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Chronic Indigestion

(60)

How long
Eight or ten years
How long
a few minutes

Immediate Angina Pectoris (supposed)

Are the name, age, sex, color, date and place correctly given above?

Yes -

Signature of Physician

L. H. House, M.D.

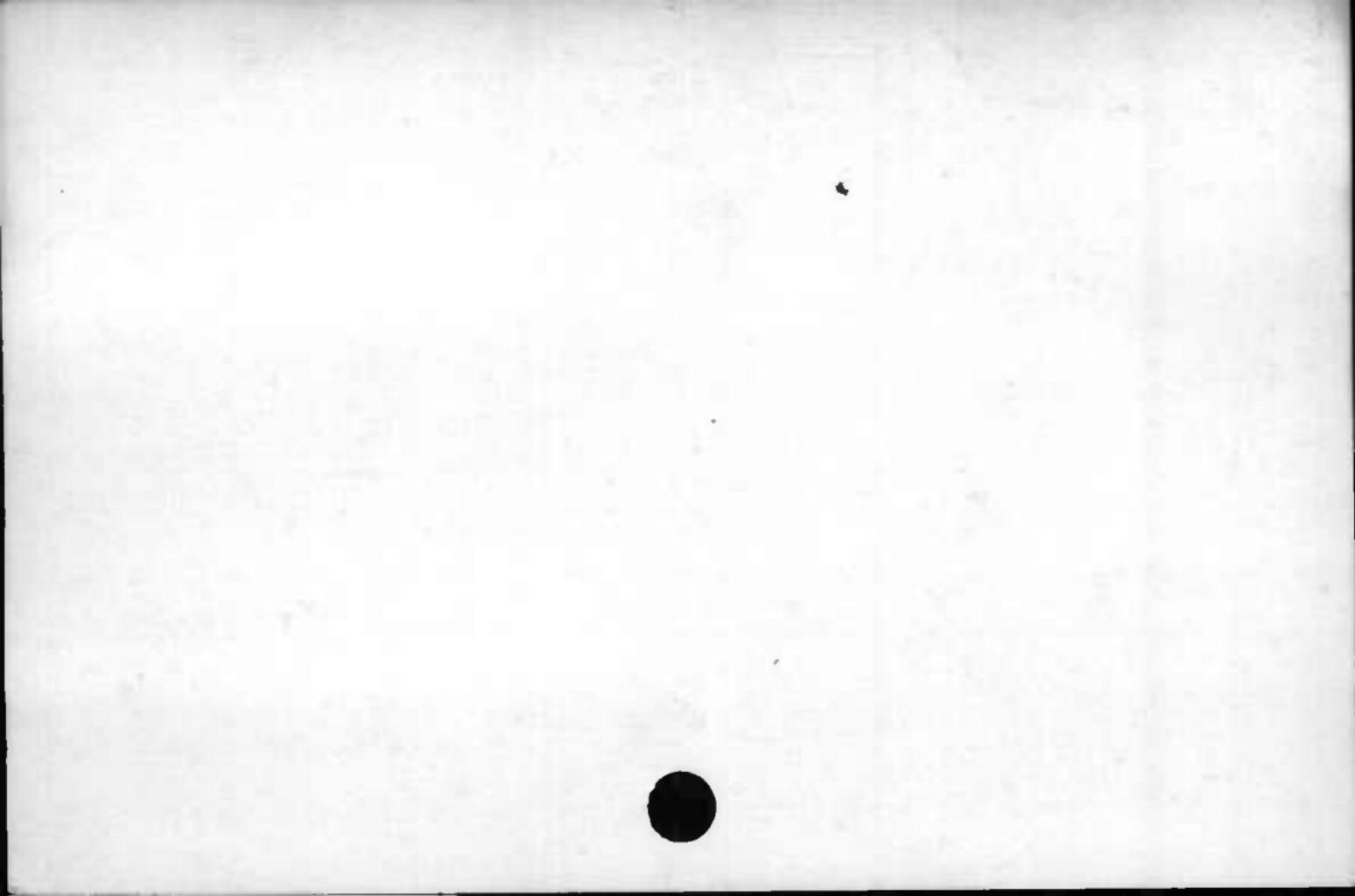
very peculiar man

Address

Darnestown Md

Accident or Suicide?

I saw him after death



Name
in
Full

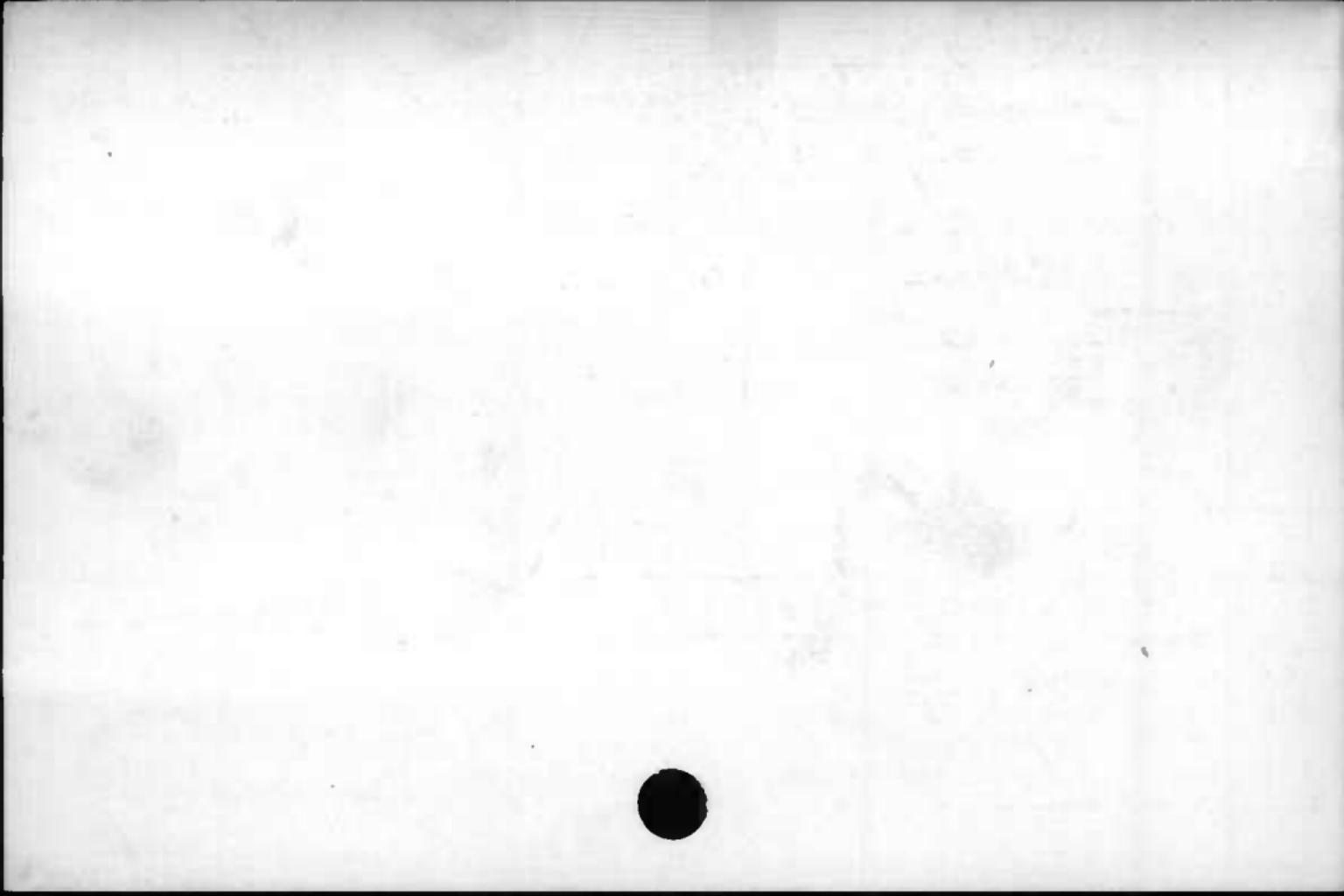
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Henry Kane

CERTIFICATE OF DEATH

Died at <u>Gandy Park</u> Town <u>Montgomery</u> County				MARYLAND		
Date of death <u>1906</u>	Month <u>Aug</u>	Day <u>12</u>	Age <u>65-</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Negro</u>	Birth-place <u>Va</u>				
Occupation <u>None</u>	Where Residing if not at place of death <u>✓</u>					
Married, Single or Widowed	Name of Wife or Husband <u>Don't know</u>					
Father's Name	Don't know					
Mother's Maiden Name	Father's Birthplace <u>Va</u>					
Name of person giving Information	Mother's Birthplace <u>Va</u>					
<u>W. L. Lewis</u> <u>120</u>						
CAUSES OF DEATH						
Primary	<u>Bright's disease</u>					
Immediate	<u>Diarrhoea</u>					
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <u>W. L. Lewis</u>			
			Address <u>Kensington</u>			
Accident or Suicide? <u>✓</u>			<u>MD</u>			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

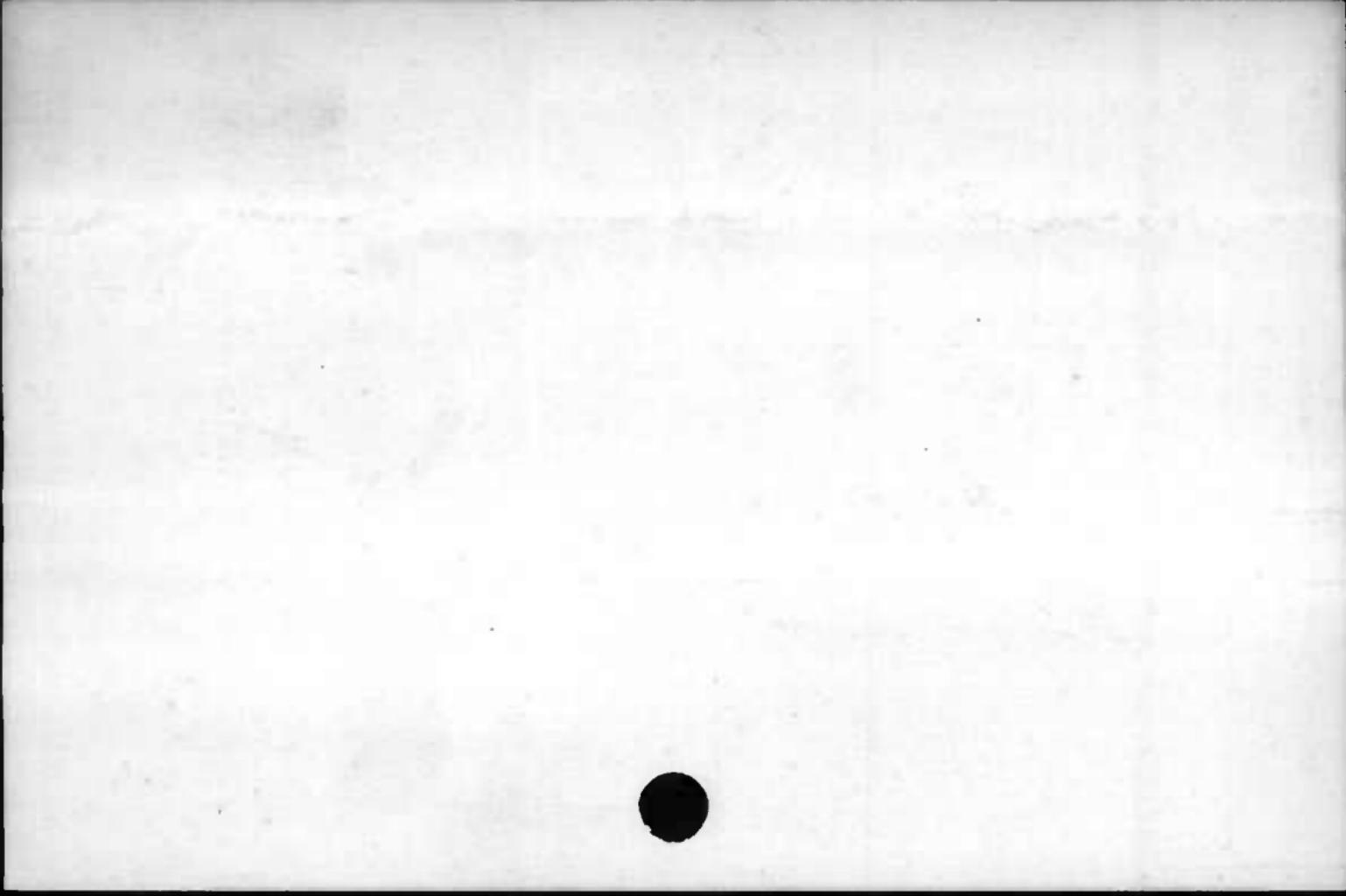
Martha Lee

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, <input checked="" type="checkbox"/>	Name of Wife or Husband	Jas Lee			
Father's Name	Isaac Owens		W	Father's Birthplace	Montgomery
Mother's Maiden Name	not known			Mother's Birthplace	
Name of person giving Information	Louisa Higgins			How related to deceased	Sister

CAUSES OF DEATH

Primary	Peritonitis		118	How long	four weeks
Immediate	Cholera Morbus			How long	one day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. H. Stonestreet		
		Address	Baltimore Maryland		
Accident or Suicide?					



Name
in
Full

Charles H Lewis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month 8	Day 15	Years 43	Months	Days
Sex	Male	Color or Race	White		Birth-place	Damascus
Occupation	Farmer		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Edna Lewis		Father's Birthplace	Montgomery Co
Father's Name	Caleb Lewis		Mother's Birthplace			
Mother's Maiden Name	Senie King		Montgomery Co			
Name of person giving information	William Lewis		How related to deceased			

CAUSES OF DEATH

Primary

Typhoid fever

1

How long

22 days

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

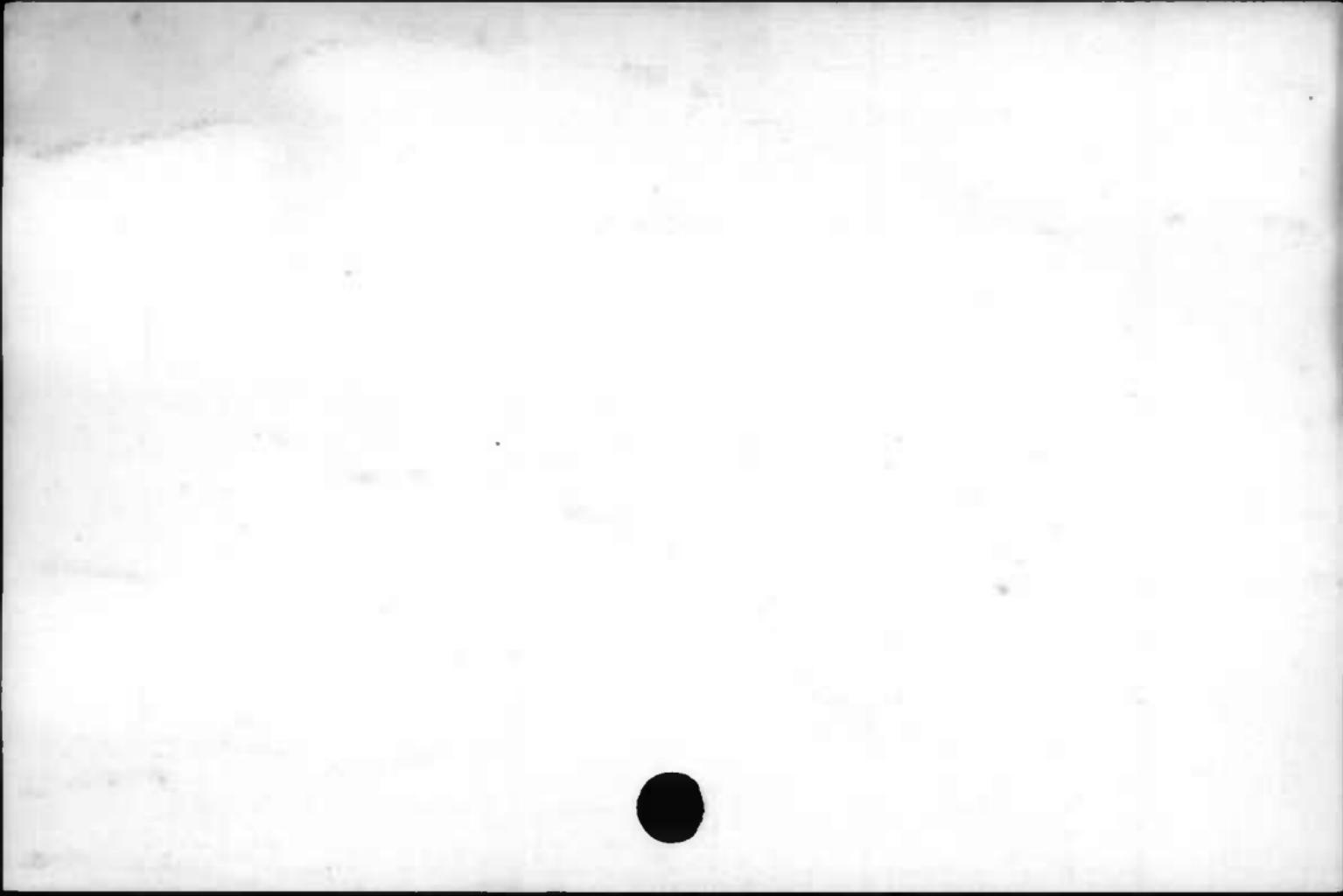
Address

Raymond Front-
Kempston

Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Edna L Martin

Town

County

MARYLAND

Died at

Rockville

Montgomery

Date
of death

1906

Month

8

Day

18

Year

1906

Age

Months

6

Days

14

Sex

Female

Color or
Race

Colored

Birth-
place

Maryland

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

— None

Father's
Name

Harrison Adams

Father's
Birthplace

Maryland

Mother's
Maiden Name

Gertrude Martin

Mother's
Birthplace

Maryland

Name of person giving
Information

Gertrude Martin

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Marasmus

105

How long

Four months

Immediate

Diarrhea

How long

Four days

Are the name, age, sex, color, date
and place correctly given above?

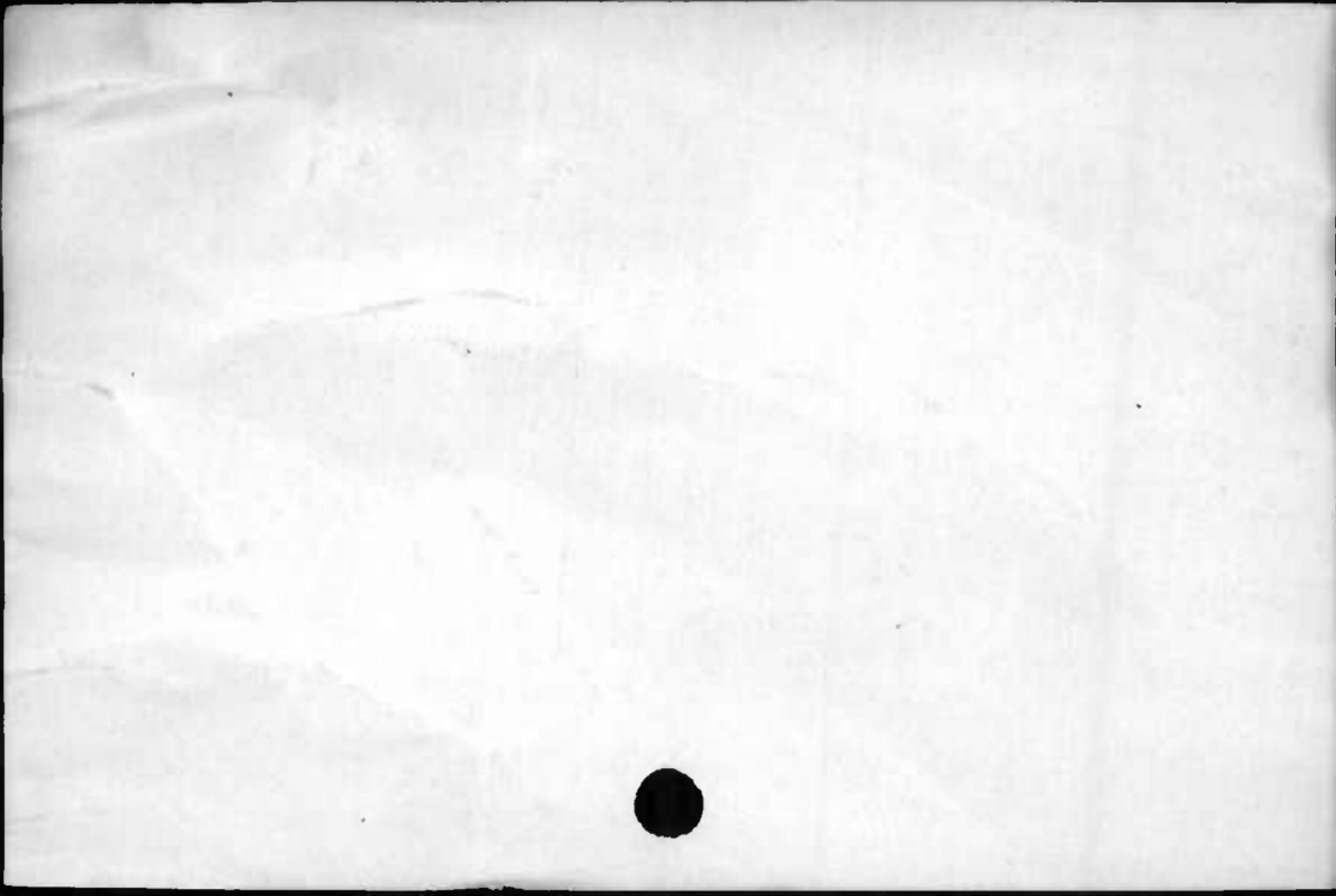
Yes

Signature of
Physician

Edward Anderson M.D.
Rockville, Md.

Address

Accident or Suicide?



Name
in
Full

Rasmus N. Miles,

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	County	MARYLAND		
Died at	Burtonsville	Montgomery		
Date of death	1906 August	Day 29	Years 78	Months 4 Days 3
Sex	Male	Color or Race	White	Birth-place Maryland
Occupation	Operator	Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah Francis Miles, Maryland	
Father's Name	Nathaniel Miles	Father's Birthplace		
Mother's Maiden Name	Doris Knud	Mother's Birthplace		
Name of person giving information	Rasmus N. Miles	How related to deceased Son.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Auto-Contaminated Gasoline Enters

How long

Two weeks

Immediate

Exhaustion

How long

Two hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Old Wilson Farmhouse
Burtonsville
Maryland

Accident or Suicide?

For Sister & Sam

Lamme Wi

Name
in
Full

R. Granville Mullinix

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1904	8	17	43	X	X	
Sex	Male	Color or Race	White	Birth-place	Montgomery Co	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband Mrs Mary Mullinix					
Father's Name	William A Mullinix					
Mother's Maiden Name	Elizabeth - Reedman					
Name of person giving information	Hubert - Day					
Father's Birthplace	Mont Co					
Mother's Birthplace	M					
How related to deceased	Nephew					

CAUSES OF DEATH

Primary	"Appendicitis"	118	How long
Immediate	Abscess		How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of
Physician

Ben F Lansdale
Damascus
Md



Accident or Suicide?



Name
in
Full

Carlton E. Oland.

CERTIFICATE OF DEATH

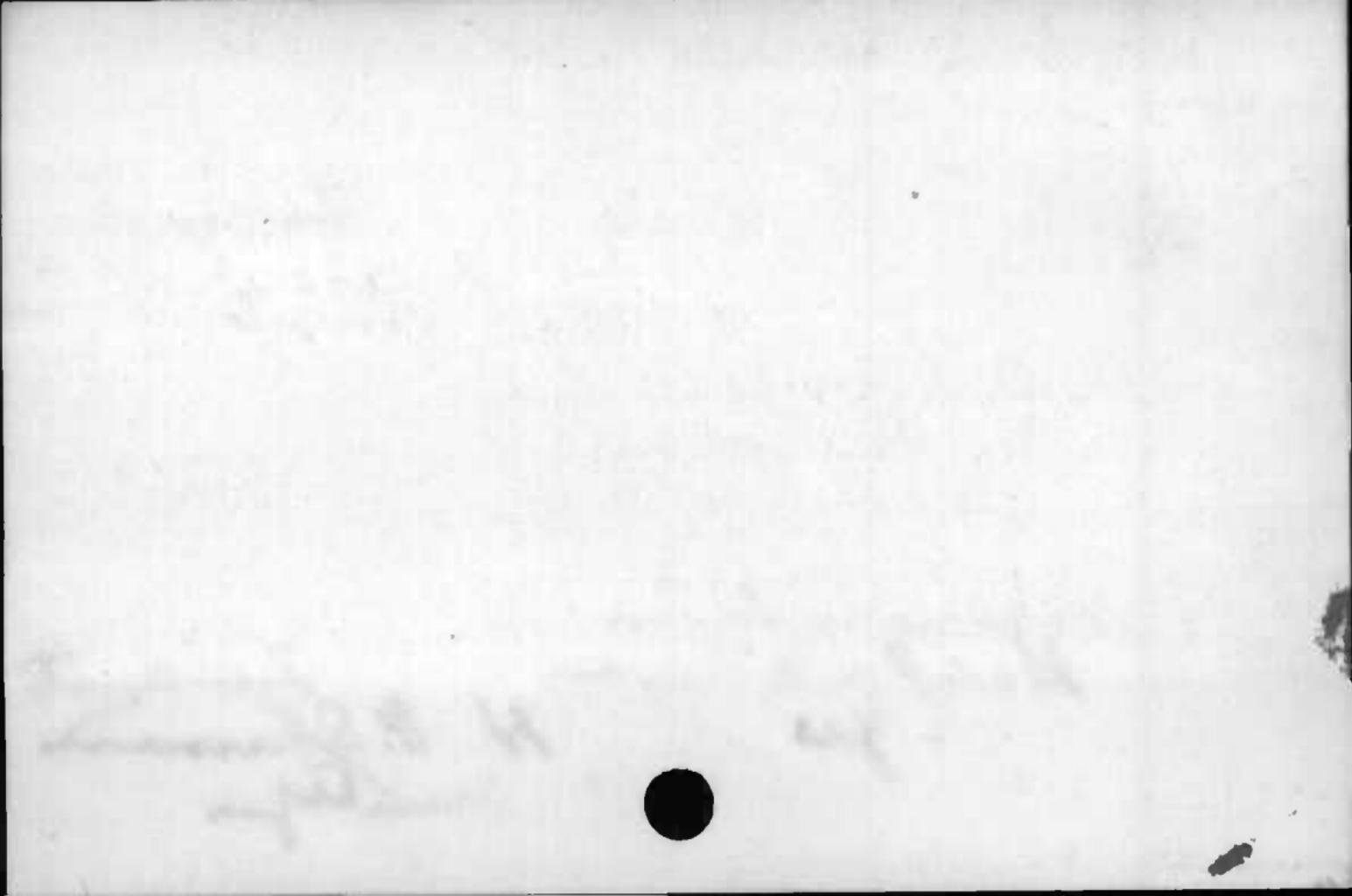
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at	Brooksville,	Montgomery,					
Date of death	1906	Month Aug.	Day 7	Years 57	Months 7	Days 13	
Sex	male!	Color or Race	White.	Birth-place	Frederick, Co,		
Occupation	Farming.		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Margaret A. Oland.				
Father's Name	Frederick A. Oland.		Father's Birthplace	Germany.			
Mother's Maiden Name	Mary A. E. Schaffer.		Mother's Birthplace	Maryland.			
Name of person giving information	Mrs F. B. Chidde.		How related to deceased	Friend.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	over action Heart Failure		18	How long
Immediate	Heart Failure		18	How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A. G. Spurrier	
		Address	1111	
Accident or Suicide?				



Name
in
Full

Edmund Brackett Robertson
Town Gaithersburg County Maryland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	Aug	9	Age	4	10
Sex	Male	Color or Race	White	Birth-place	Gaithersburg
Occupation	Where Residing if not at place of death Gaithersburg				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	W. D. Robertson		Father's Birthplace	Va	
Mother's Maiden Name	R. R. Commiss		Mother's Birthplace	Md	
Name of person giving information	W. D. Robertson		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cholera Infantum	How long
	Immediate	105	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long
yes		A. H. Etchison M.D.	
		Address	
Accident or Suicide?		Gaithersburg Md.	



TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

OR CORONER

Chas J. Sherman

Town: Chevy Chase

County: Montg

MARYLAND

Died at: Chevy Chase

Date of death: 1906 Month: Aug Day: 16

Years: 38 Months: - Days: -

Age: 38

Sex: Male Color or Race: white

Occupation: Architect

Birth-place: D.C.

Where Residing if not at place of death: same

Married, Single or Widowed:

Name of Wife or Husband: Chas J. Sherman

Father's Name: Chas J. Sherman

Mother's Maiden Name: don't know

Name of person giving Information: A. H. Sonnenman

Father's Birthplace: D.C.

Mother's Birthplace: D.C.

How related to deceased: none

CAUSES OF DEATH

80

Primary: Nervousness of Heart

How long:

Immediate: Nervousness of Heart

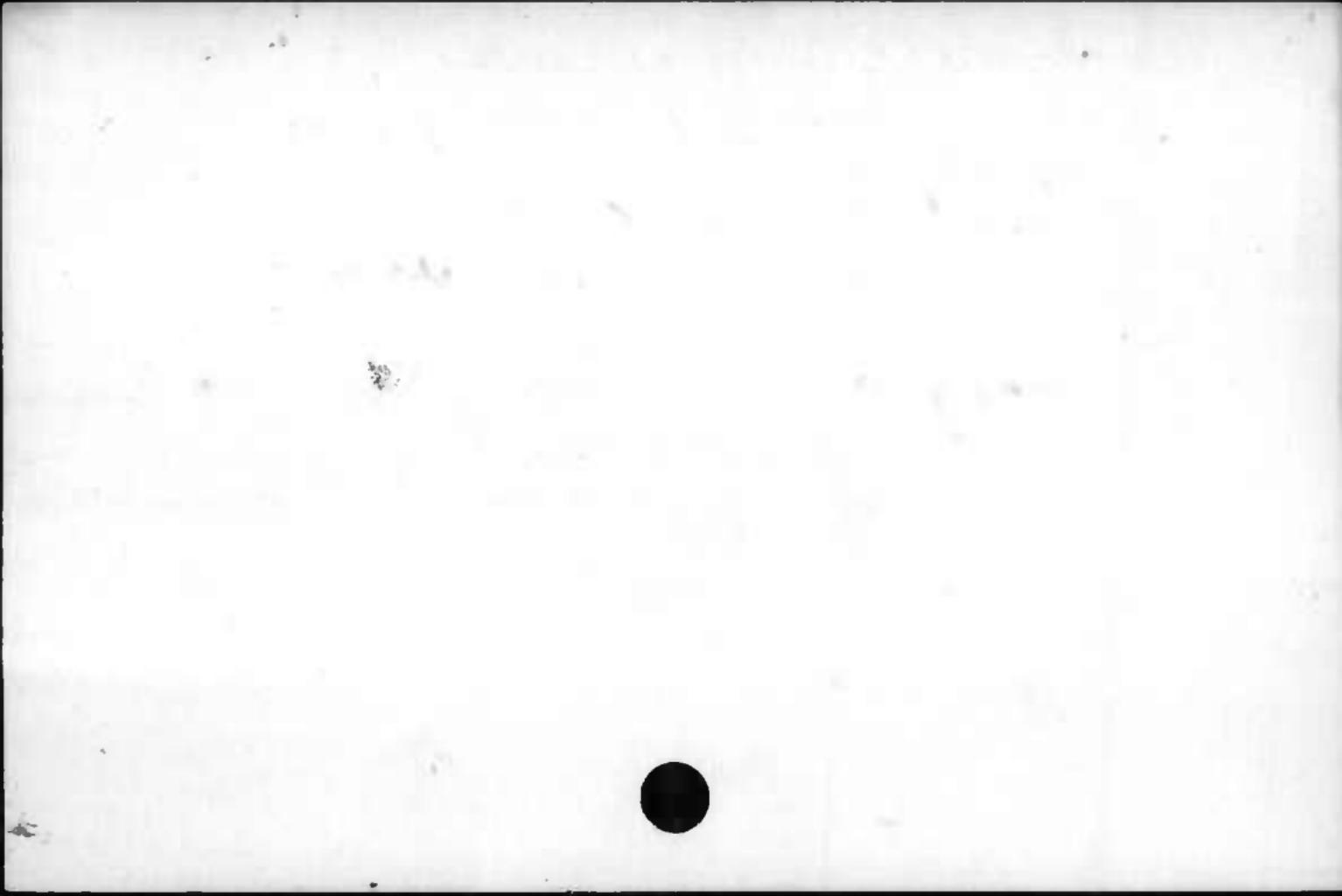
How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. L. Lewis

Address: 1111 Connecticut Avenue, N.W., Washington, D.C.

Accident or Suicide?: No



Name
in
Full

Raymond E Steward
Died at Timony Grove Montg

CERTIFICATE OF DEATH

MARYLAND

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Dont know
Father's Name	Dont know		
Mother's Maiden Name	Margie Steward	Mother's Birthplace	2nd
Name of person giving information	Harriett Steward	How related to deceased	Grandmother

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Acute Meningitis

61

How long

3 days

Immediate

Exhaustion

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. E. Ellington,
Harrisburg, Pa.

Accident or Suicide?



Wallace Mc. Kinley Warfield

CERTIFICATE OF DEATH

Died at <u>Norbeck</u>		Town	<u>Montgomery</u>		County		MARYLAND	
Date of death <u>1906</u>	Month <u>August</u>	Day <u>14th</u>	Age <u>Nine</u>	Years	Months	Days		
Sex <u>Male</u>	Color or Race <u>Colored</u>							
Occupation		Where Residing if not at place of death <u>Montgomery Co. Md.</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband							
Father's Name							Father's Birthplace	
Mother's Maiden Name <u>Martha Washington</u>							Mother's Birthplace <u>Montgomery Co. Md.</u>	
Name of person giving Information <u>Robert Warfield</u>							How related to deceased <u>Father by marriage</u>	

CAUSES OF DEATH

Primary Measles and TuberculosisImmediate Typhoid Fever

Are the name, age, sex, color, date and place correctly given above?

Yes

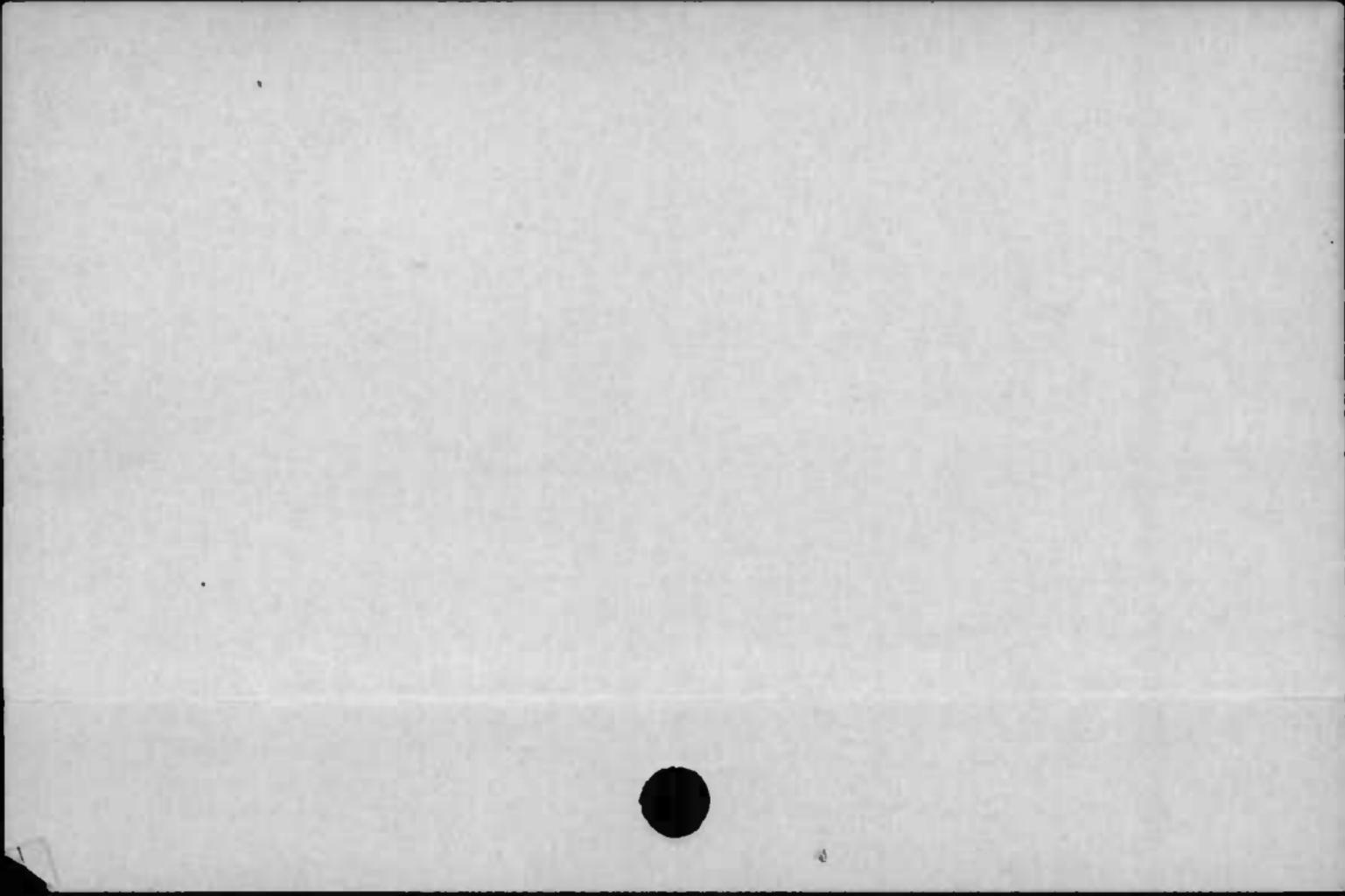
Signature of Physician

Lelia Farquhar

Address

How long About one monthHow long About two weeksOlney,
Md.

Accident or Suicide?



Name
in
Full

Birdie Elizabeth Warren

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Where Residing if not at place of death		
Occupation	Name of Wife or Husband				
Married, Single or Widowed	Name of Father's Birthplace				
Father's Name	Mother's Birthplace				
Mother's Maiden Name	Name of person giving information				
Name of person giving information		How related to deceased			

1906 Aug 7 4 Martinsburg, W. Va.

Female Negro

None

Iquaticus Warren

Wollie Brooks

Iquaticus Warren

Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid fever



How long

3 weeks

Immediate

Measles

How long

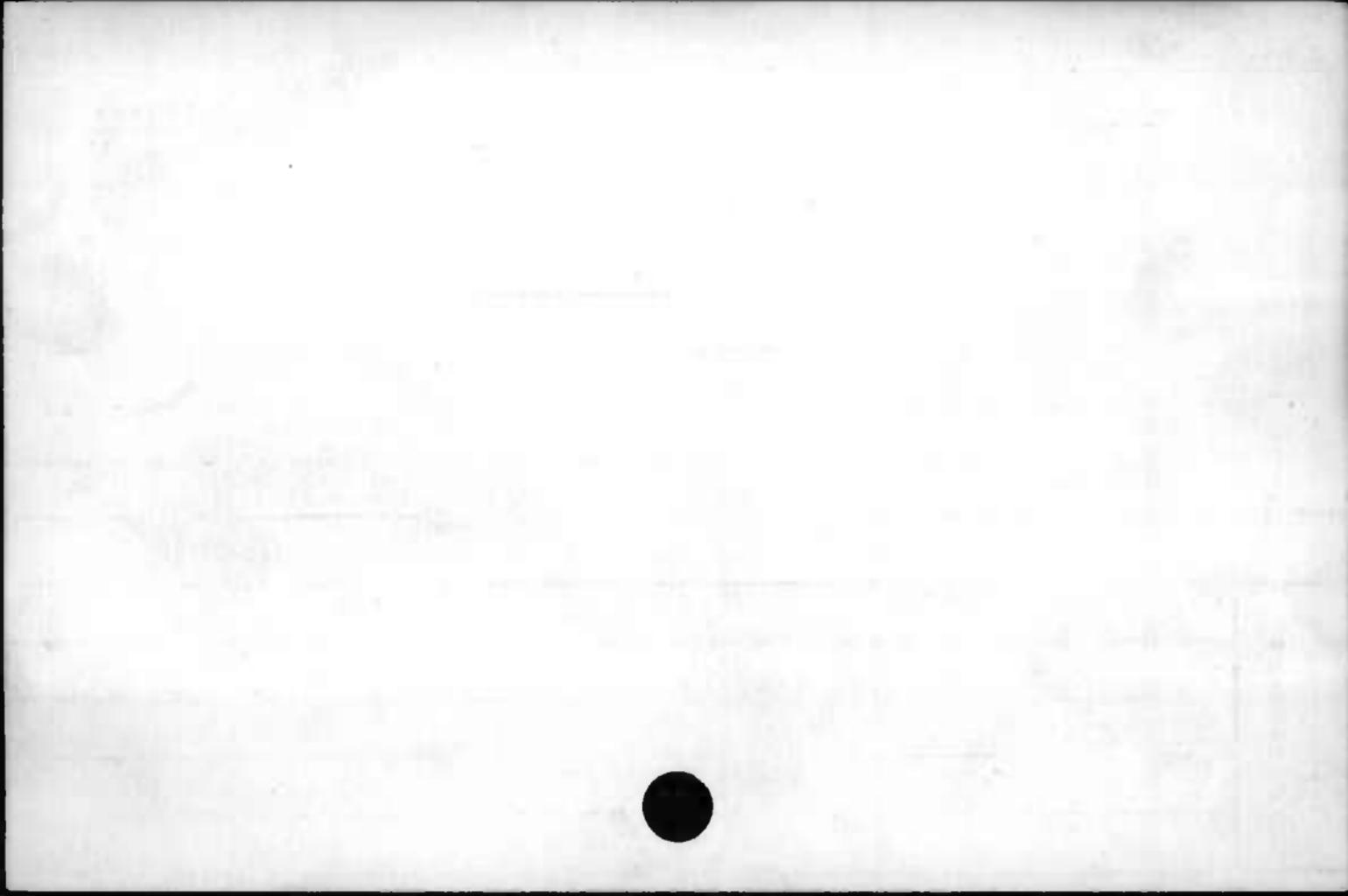
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. W. Wallace
Petersburg, W. Va.

Accident or Suicide?



Name
in
Full

Laurence Warren

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Town		County		MARYLAND	
War Germantown		Montgomery					
Date of death	Month	Day	Age	Years	Months	Days	
1906	8	12	4				
Sex	Male	Color or Race	Negro				
Occupation			Where Residing If not at place of death				
Married, Single or Widowed	—		Name of Wife or Husband				
Father's Name	Patrick Warren		Father's Birthplace				
Mother's Maiden Name	Ellay Daye.		Mother's Birthplace				
Name of person giving Information	Physician		How related to deceased				

CAUSES OF DEATH

Primary

Pertussis with dysentery complicating - 4 wks

How long

How long

Immediate

Convulsions

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

U. D. House M.D.

Accident or Suicide?

